

<p style="text-align: center;">UTILITY</p> <p style="text-align: center;">PATENT APPLICATION</p> <p style="text-align: center;">TRANSMITTAL</p> <p style="text-align: center;">(Only for new non-provisional applications under 37 CFR 153(b))</p>	Attorney Docket Number:	NCMM001US0
	First Named Inventor or Application Identifier:	
	David B. Carolan	
	Title: A System and Method for Objectively Managing Complex Familial Interactions and Responsibilities	
<p style="text-align: center;">APPLICATION ELEMENTS</p> <p>See MPEP chapter 600 concerning utility patent application contents.</p>	Express Mail Label No.: EL 978212047 US	
	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	

03915 U.S. PTO
 10/646574
 08/22/03

ACCOMPANYING APPLICATION PARTS

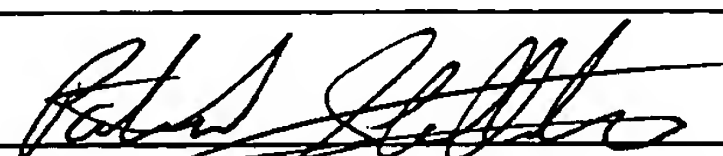
- | | |
|--|--|
| 1. XX Fee Transmittal Form (submitted in duplicate)
2. XX Applicant Claims Small Entity Status
3. XX Specification: Total Pages: <u>84</u>
4. XX Drawing(s) (35 U.S.C. 113): Total Sheets: <u>32</u>
5. ___ Oath or Declaration: Total pages: ____
a. ___ Newly executed (original or copy)
b. ___ Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)
i. ___ <u>Deletion of Inventor(s)</u> . Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ___ Application Data Sheet. 37 CFR 1.76
7. ___ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) | 8. ___ Assignment papers (cover sheet & document(s))
9. ___ CFR 3.73(b) Statement (when there is an assignee)
___ Power of Attorney
10. ___ English Translation Document (if applicable)
11. ___ Information Disclosure Statement. (IDS)/PTO-1449.
___ Copies of IDS citations
12. ___ Preliminary Amendment
13. XX Return Receipt Postcard. (MPEP 503) (should be specifically itemized.)
14. ___ Certified Copy of Priority Document(s) (if foreign priority is claimed.)
15. ___ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Must attach form PTO/SB/35 or its equivalent.
16. ___ Credit Card Authorization for Payment |
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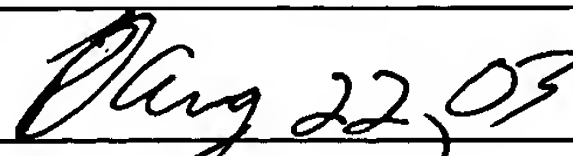
17. **If a Continuing Application:** (check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

___ Continuation ___ Divisional ___ Continuation-in-part of prior application No. _____
 Prior application Information: Examiner _____ Group/Art Unit _____

For Continuation or Divisional only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference. The incorporation **can only** be relied upon when a portion has been inadvertently omitted from the submitted application parts.

Correspondence Address: <u>37,141</u> Customer Number or Bar Code Label:	Correspondence Address: Patrick Stellitano 8911 N. Capital of Texas Hwy., Suite 3200 Austin, Texas 78759 Telephone: 512/ 795-0095 Facsimile: 512/795-9905
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 Patrick Stellitano, Reg. No. 42,169


 Date

EL 978212047 US

<u>FEE TRANSMITTAL</u> (Submit in Duplicate)		<u>Application Title:</u>	A System and Method for Objectively Managing Complex Familial Interactions and Responsibilities
		<u>First Named Inventor:</u>	David B. Carolan
<u>Total Amount of Payment:</u>	\$375.00	<u>Attorney Docket No:</u>	NCMM001US0

METHOD OF PAYMENT

1. *Deposit Account Authorization*

- a. **XXX** The Commissioner is hereby authorized to charge the filing fee and any deficiencies and credit any overpayments to:
- i. Deposit Account Number: **502726**
 - ii. Deposit Account Name: **Hulsey & Calkins, LLP**
- b. **XXX** The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17.
- c. **XXX** Applicant Claims Small Entity Status.

2. *Payment Enclosed*

- a. ☐ Check
- b. ☐ Credit Card
- c. ☐ Money Order
- d. ☐ Other

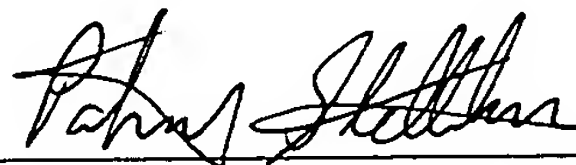
FEE CALCULATION

Filing Fee Calculation					
Entity	Basic Filing Fee	Each Independent Claim in Excess of 3	Each Claim in Excess of 20	Multiple Dependent Claim Fee	Total
Small	\$375	0 x \$ 42 = 0.00	0 x \$ 9 = 0.00	0 x \$140 = 0.00	\$375
Other	\$750	_____ x \$84 = _____	_____ x \$18 = _____	_____ x \$280 = _____	

XXX Total Filing Fee: \$375

☐ Assignment Recording Fee \$ _____

☐ Other Fee Payment \$ _____



Patrick Stellitano, Reg. No. 42,169